

NOTICE OF INDEPENDENT REVIEW DECISION

June 19, 2002

Requestor

Respondent

RE: Injured Worker:
MDR Tracking #: M2-02-0749-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in neurological surgery, which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 54 year old female sustained a work related injury on ___ when she was trying to rise from a chair and twisted her back. The patient underwent a left L4-5 micro lumbar laminectomy and trans-facet decompression. An MRI performed on 02/28/02 shows no evidence of any abscess; however, there is some bulging of the annulus at L4-5 and L5-S1. The patient has undergone trigger point injections and physical therapy without relief. The neurosurgeon is recommending that the patient undergo a lumbar discogram.

Requested Service(s)

Lumbar Discogram

Decision

It is determined that a lumbar discogram at spinal levels L4-5 and L5-S1 is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Lumbar discography is an acceptable diagnostic option for the evaluation of this patient with multilevel lumbar disc abnormalities since conservative management has failed and surgery is being contemplated. In the case of this patient it would be warranted at spinal levels L4-5 and L5-S1. Therefore it is determined that a lumbar discogram at spinal levels L4-5 and L5-S1 is medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

cc: David Martinez, Chief Medical Dispute Resolution, Medical Review Division, TWCC